

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031138

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 6260 Registrar's No. 20

STATE FILE NUMBER

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) EAST DALLAS TOWNSHIP		c. CITY OR TOWN Scymour	
Length of stay in 1b 10 MONTHS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scymour RT 3		d. STREET ADDRESS (If outside, give location) Route 3	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RICHARD DELNOY WHITEFORD		4. DATE OF DEATH July 7 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-1928
9. AGE (last birthday) 35		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASBESTOS WORKER		10b. KIND OF BUSINESS OR INDUSTRY FIBER GLASS	
11. BIRTHPLACE (City and state or country) Willis Point TEXAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Guss Whiteford		13b. MOTHER'S MAIDEN NAME Nellie Earle	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-1951 8-1953	
16. SOCIAL SECURITY NO.		17. INFORMANT Guss Whiteford Scymour RT 3	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage + Exsanguination DUE TO (b) Gunshot In Right Temple DUE TO (c) Gunshot In Right Temple		INTERVAL BETWEEN ONSET AND DEATH Few Mins.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted Gunshot Wound In Right Temple With 22 Rifle	
20c. TIME OF INJURY 230 Hour 7-7-63 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home	20f. CITY, TOWN, OR LOCATION Scymour R3 Webster MO
21. I attended the deceased from about 230 P to about 230 P and last saw her alive on about 230 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul Edwards Carones	
22b. ADDRESS Marshfield MO		22c. DATE SIGNED 7/8/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-9-1963	23c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY	23d. LOCATION (City, town, or county) (State) FORDLAND MISSOURI
24. FUNERAL DIRECTOR Kelley Ferrell Fordland MO	25. DATE RECD. BY LOCAL REG. 7-13-1963	26. REGISTRAR'S SIGNATURE Gilbert Jones	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. K. Terrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.